

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	✓		
FORMALITY REVIEW	SIC	809	3/30/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final Original	9/02/00 05/11/00	51		101	
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2	V V V V V	53		103	
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5	V V V V V	56		106	
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8	V V V V V	59		109	
9	V V V V V	60		110	
10	V V V V V	61		111	
11	V V V V V	62		112	
(12)	V V V V V	63		113	
13	V V V V V	64		114	
14	V V	65		115	
15	V V	66		116	
(16)	V	67		117	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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